

Arizona Early Intervention Program Transition Planning Form

Transition Conference Summary

Child's Information			
Child's Full Name (Last, First, Middle)	Date of Birth	Date of Transition Meeting	
Child's Address	City	State	Zip Code
Primary Language of Father	Primary Language of Mother	Primary Language of Child	
Parents ¹ Names			
Address	City	State	Zip Code
District of Residence (based on parent(s)' address)			
Participants in the Transition Meeting			
Relationship to Child	Signature	Phone Number	
Parent(s) ¹			
AzEIP Service Coordinator			
Provider from the Family's IFSP Team			
PEA Representative			
Other			
Summary			
Action Steps	Timeline	Person(s) Responsible	

The parent requests participation of the following individuals at the Preschool Multidisciplinary Evaluation Team (MET)/Eligibility Conference and Individual Education Program (IEP) meeting:

- ☐ AzEIP Service Coordinator and/or
- ☐ Others (provide names and contact information) _____

¹ Parent means (1) a natural, adoptive or foster parent of a child; (2) a guardian; (3) a person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with relevant law. "Parent" does not include the State.